

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Name: _____	Date of birth: _____	Male Female
--------------------	-----------------------------	------------------------------

ADDRESS(physical) _____ **mailing address** _____
if different

CITY, STATE, ZIPCODE _____
Communication information:

	Mother	Father
address(if different)		
home phone		
cell phone		
e-mail		
place of employment		
phone number		

Family information; other members of the household

Name	Age	Relationship to child

CHILD'S PHYSICIAN _____ **PHONE #** _____

CLINIC AND ADDRESS _____

HOSPITAL _____

ADDRESS _____ **PHONE#** _____

CHILD'S DENTIST _____

ADDRESS _____ **PHONE#** _____

Authorized to pick up child & emergency contacts: people who live close in case you cannot be reached

Name	Address	Home phone & cell's
1.		
2.		
3.		

PARENT'S SIGNATURE _____ **date:** _____

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Page 2 of 10 (note: page 9 is an immunization record and page 10 mandated report form)

Parent's Report PREADMITTANCE QUESTIONS

(please use this form to better acquaint us with your child and family)

1. Has your child ever been left in the care of others or for an extended period of time? Yes No

Has your child had group play experience? Yes No

2. What are some of your child's interests/likes:

Favorite toys:

Favorite activities:

What are some of their dislikes:

Any fears:

Any special problems?

3. What are some behaviors that you particularly enjoy?

4. What behaviors do you find hard or difficult to deal with?

5. How does child get along with siblings, parent, or other children?

6. How do you comfort your child?

Discipline: How do you/others handle inappropriate behaviors?

(We have our discipline policy plan in our parent handbook)

Children at the Center will generally be redirected when conflicts occur and will be provided with immediate and directly related consequences for unacceptable behavior. You will be contracted upon repeated behavior problems to discuss further methods of modification. Is this acceptable to you? Yes No

If not, we will need to have a meeting to discuss alternatives

Rest time/sleeping patterns:

Children 36 months and older are required to rest 30 minutes (each child will have their own cot and should use their own blanket [you will be responsible for laundering blankets] to lay quietly for the rest time), is this adequate rest for your child? We have at least 1/2 hour of settle down time before rest time.

If not, what rest period would better meet the needs of your child?

Do you have any special ways of helping your child settle in and rest? Yes ___ No ___ describe:

What is your child's present sleeping schedule:

Night time: _____ to _____ AM nap: _____ to _____ PM nap: _____ to _____

Does your child/baby cry when going to sleep? Yes ___ No ___

All infants are laid on their back when they sleep

*Does your baby need a pacifier for rest? Yes ___ No ___

BRING A FAVORITE BLANKET FOR REST....please put name on it!

It is helpful to the staff to know when your child has had a difficult night to better take care for their needs.

Please read our parent policies to get a better understanding of our program. Schedule time to discuss these matters with the staff so that can take the best possible care of your child.

Signed _____ Date: _____

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Page 3 of 10

Parent's Report

HEALTH STATEMENT

Date: _____

PLEASE COMPLETE BEFORE ADMISSION

CHILD'S NAME _____ DATE OF BIRTH _____

Parent's evaluation of child's health: _____

Frequent ear aches _____ Frequent colds _____ Epilepsy _____ ChickenPox _____ Diabetes _____ Hives _____

Asthma _____ Eczema _____ Drug/food intolerance _____ Insect Stings _____ Wheezing _____ Hay fever _____

Seizures/convulsions _____ Measles _____ Mumps _____ Premature birth _____ Birth defect or injury _____

Trouble breathing at birth _____ head injuries _____ Frequent Sore throat/w fever _____

Concerns about speech _____ vision _____ hearing _____

Is your child taking any medication now? _____ what _____ why _____

Is your child under the supervision of a physician _____ date of last exam _____

Is your child under the care of a specialist? _____ Who _____ for what: _____

Other illnesses or ACCIDENTS _____

Has your child been hospitalized? _____ when _____ why _____

Does your child have any handicaps/special needs? _____ what _____

Will we be able to care for your child within out group ratios?

Any other medical concerns we should be aware of: _____

WHAT ARRANGEMENTS HAVE BEEN MADE FOR THE CARE OF YOUR CHILD IF HE/SHE BECOMES ILL AT THE CENTER? _____

FEEDING: We are contracted with the Child Care Food Program and follow their menu and criteria to meet the needs of all children eating here. We will be following their recommendations for infant meals as well. Each year you will need to fill out a confidential income sheet to help us get reimbursed for each meal we serve.

Does your child have any feeding problems: Yes _____ No _____

If yes, describe: _____

INFANT FEEDINGS: We provide Parent's Choice(Sam's Walmart brands) formula, bottles and nipples

- Is your baby breast fed? _____ or bottle fed? _____
- Type of bottle _____ type of nipple _____
- How many ounces taken between burps? _____
- What is your child's present eating schedule?
(Specify amount and time for fluids[milk/formula/juice] and foods)

TODDLERS/PRESCHOOL/SACC MEALS: Please share with us any food problems/concerns you may have)

Breakfast _____ (7:30-8:30) _____ AM Snack _____ 10am _____

Lunch _____ (11:30) _____ PM Snack _____ 3 pm-4pm _____

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Page 4 of 10

TOILETING: Policy statement: all children that are to be toilet trained will need to wear easy to remove clothing (no snaps, buttons, zippers, overalls, onsies, etc) All children will need to be **READY** to be toilet trained and responsive to voice information concerning using the toilet. **All children will need plenty of extra clothing here at the Center.**

1. Is your child toilet trained? Yes ___ No ___
2. What words does your child use for urination? _____ for bowel movements? _____
3. How frequently does you child have a bowel movement? _____ appearance _____
Any concerns: _____

INFANTS:

- Does your child get frequent diaper rashes? _____
- How do you treat diaper rash? _____
(we will need you to bring diapers, wipes and any rash treatments) SEE PERMISSION FORMS

BRING EXTRA CLOTHING TO LEAVE AT THE CENTER. Mark all items.
(we have many needs for extra clothing(spills, illness, painting, etc.)

Do you have any concerns about the following issues?

- Meal time:
- Rest time:
- Acting out behaviors:
- Field trips
- Special diets:
- Medical problems:
- Toileting:
- Other concerns:

PLEASE TALK TO YOUR CHILD’S MAIN CARE GIVER IF YOU HAVE ANY CONCERNS OR THE ADMINISTRATIVE STAFF. We want to help your child and you feel comfortable at the Center. Each child is mandated to have 2 conferences per year. Our procedure for family/parent interactions is informal; however you may request a conference at any time. It is our intent to keep in contact with you daily through infant/toddler daily sheets and to visit with you at drop-off and pick-up times.

Signed _____ dated _____

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Page 5 & 6 of 10

You will need 2 copies of page 5; one for us at admittance and one for your physician to fill out. Thanks

PERMISSION SLIPS

I hereby give my permission to the staff of the BCDCC to administer the following products according to their instructions. ALL OTC(over the counter) medication must have prior permission from your child's physician. This form may be copied and taken with you each time you need to update information!

THESE PERMISSION SLIPS MUST BE KEPT UPDATED AS YOUR CHILD GROWS TO MEET THEIR NEEDS FOR OTC'S.

			Over the counter meds:			Doctor permission needed:		
No	Yes	Products:	No	Yes	Products:	No	Yes	Products:
___	___	Diaper wipes	___	___	Baby Power	___	___	_____
___	___	Diaper ointments	___	___	Vaseline	___	___	Rash ointments
___	___	Baby Lotion/oil	___	___	Shampoo	___	___	Teething otc's
___	___	Liquid/bar Soap	___	___	Toothpaste	___	___	Cough syrup
___	___	Suntan Lotion	___	___	Insect repellent	___	___	Aspirin
___	___	Band aids	___	___	Chap lip	___	___	Aspirin free
___	___	Adhesive tapes	___	___	Nail polish	___	___	Sinus medication
___	___	Make up	___	___	Body paint	___	___	Antiseptic & burn ointments
___	___	Body glitter/gel pens	___	___	Removable tattoos	___	___	Mentholatum Rubs
___	___	Lip stick	___	___	Hair products	___	___	Hydrogen Peroxide
(the children like to play in the beauty shop play center, and with supervision are allowed to use products)						___	___	Itching Creams
If you do not want your child to do this it must be clear to everyone especially your child!!						___	___	Antiseptic wipes

Others: _____

 Physician's signature:
 Date:

All prescription medications must come with written instructions; be in the original container and will be given only as prescribed per physician's instruction. We will not give any meds/OTC's via phone conversations. Please have all medication forms filled out properly so that we can proceed.

It is imperative you have a back-up plan for sick child care.

Signature: _____ Date: _____

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

Name of child: _____

Publicity and Research :

I give permission to the BCDCC to have my child participate in publicity and/or research projects/activities at the Center. I understand I will be notified of the dates and times of these activities when possible.

Field Trips:

I give permission to the BCDCC to take my child on supervised walks, field trips that may or may not require transportation. I understand that I will be notified of field trips in advance and will be able to decide per event if my child may or may not attend.

Emergency measures:

I give to the BCDCC permission to take whatever emergency (e.g. first aid, disaster evacuation, etc.) measures that are judged necessary for the care of my child.

Medical Emergency:

In case of a medical emergency, I understand that 911 will be called and my child will be transported to the appropriate medical facility for any treatment required.

I understand that in some medical situations the staff will need to contact the local emergency resources before the parent, child's physician, and /or other adults acting on the parent's behalf.

INSURANCE COMPANY _____ **POLICY #** _____

Parent/ Insurance will be responsible for any medical bills.

Health reports:

I give the BCDCC permission to contact my child's medical care provider's if necessary to obtain information necessary for his/her health for the safety of the other children or in order to verify the child's health status.

NAME:	DOCTOR:	DENTIST:	HOSPITAL:
NAME:			
PHONE NUMBER			

I have discussed and been made aware of the BCDCC policies. I understand that copies of the policies are available to me.

Contract: _____	Emergency policy: _____
Parent policy: _____	Grievance policy: _____
Discipline policy: _____	Field trips: _____
Health policy: _____	Sick Child Care policy: _____
Abuse policy: _____	Child Care Credits: _____
Medication Slip Policy: _____	Mandated Reporting Policy: _____

Signature _____

*reminder immunization must be at the Center before admission. You may fill this out and must give us updated shots records.

ENROLLMENT FORMS

The Barnesville Child Day Care Center is an equal opportunity employer

PHYSICIAN'S STATEMENT

Child's Name: _____

Parent's Name: _____

Please return medical information and immunization to:

**Barnesville Child Day Care Center
405 2nd Street SE
P.O. Box 383
Barnesville, MN 56514**

Date of last examination: _____

How long have you been seeing this child _____

Consider the health history and your complete examination, please comment on the following:

1. **Does the child have a physical condition that one of the immunizations would seriously endanger the health of the child?**
No _____ Yes _____ (explain)

2. **Does the child have a condition that would limit participation in the Center's program?**
No _____ Yes _____ (explain)

3. **Does the child have a condition that may result in an emergency?**
No _____ Yes _____ (explain)

4. **Is a special diet necessary for this child?**
No _____ Yes _____ (explain)

5. **Is this child developing normally for his/her age?**
Yes _____ No _____ (explain)

6. **Are there any other concerns health/wise that we should be aware of?**

It is our policy to have the physician give permission for OTC medications, please address this with parents and indicate what OTC's are permissible to give this child at this age.

Signature of Physician _____

Date: _____